



Personal Protective Equipment Hazard Assessment

This hazard assessment form must be completed and certified annually. The completed and certified form is kept on file by the Safety Officer. Assess the presence of the following hazards, mark yes or no. If hazard is present, select how it is mitigated: eliminated, guarded, or the use of Personal Protection Equipment (PPE).

Division:	Facility:
Department:	Job Title Assessed:
Assessment Completed by:	Date:

Eye and Face	Y	N	Mitigation	Hand	Y	N	Mitigation
Flying Particles	<input type="checkbox"/>	<input type="checkbox"/>		Skin Absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Molten Metals	<input type="checkbox"/>	<input type="checkbox"/>		Cuts or Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid Chemicals	<input type="checkbox"/>	<input type="checkbox"/>		Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	
Acids	<input type="checkbox"/>	<input type="checkbox"/>		Puncture	<input type="checkbox"/>	<input type="checkbox"/>	
Caustic Liquids	<input type="checkbox"/>	<input type="checkbox"/>		Chemical Burns	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Gases or Vapors	<input type="checkbox"/>	<input type="checkbox"/>		Thermal Burns	<input type="checkbox"/>	<input type="checkbox"/>	
Light Radiation	<input type="checkbox"/>	<input type="checkbox"/>		Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Head and Hearing	Y	N	Mitigation	Respiratory	Y	N	Mitigation
Falling or Flying Objects	<input type="checkbox"/>	<input type="checkbox"/>		Harmful Dusts	<input type="checkbox"/>	<input type="checkbox"/>	
Work Performed Overhead	<input type="checkbox"/>	<input type="checkbox"/>		Fogs	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated Conveyors	<input type="checkbox"/>	<input type="checkbox"/>		Fumes	<input type="checkbox"/>	<input type="checkbox"/>	
Striking Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>		Mists	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift Hazards	<input type="checkbox"/>	<input type="checkbox"/>		Smokes	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed Electrical Conductors	<input type="checkbox"/>	<input type="checkbox"/>		Sprayers	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>		Vapors	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Foot	Y	N	Mitigation	Torso	Y	N	Mitigation
Falling and Rolling Object	<input type="checkbox"/>	<input type="checkbox"/>		Hot Metals and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Objects Piercing the Sole	<input type="checkbox"/>	<input type="checkbox"/>		Cuts	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>		Acids	<input type="checkbox"/>	<input type="checkbox"/>	
Wet or Slippery Surfaces	<input type="checkbox"/>	<input type="checkbox"/>		Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Exposure	<input type="checkbox"/>	<input type="checkbox"/>		Miscellaneous/Other	Y	N	Mitigation
Environmental/Other	<input type="checkbox"/>	<input type="checkbox"/>		Lifting	<input type="checkbox"/>	<input type="checkbox"/>	
				Blood borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	



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If PPE was selected as mitigation for a hazard, list the required PPE for each hazard below:

Hazard	Required PPE

Additional Comments:

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This hazard assessment has been performed by the Safety Department to determine the required type of Personal Protection Equipment for each affected employee. This assessment includes:

- ◆ Walk-through survey
- ◆ Specific job analysis
- ◆ Review of accident statistics
- ◆ Review of safety equipment selection guidelines materials
- ◆ Selection of appropriate required PPE

Department Supervisor:	Signature:
Assessment Certified by:	Signature: